

with which the crews of Her Majesty's ships were formerly so often visited.

Many other names in connection with the health of the navy, particularly the valuable statistical reports of the health of the navy by Drs. Wilson and Bryson, might be enumerated, but I must forbear; the present condition of the navy—the almost entire absence of scurvy—the improvement on the health and habits of the sailor abundantly testify with what success the rules of hygiene have been here carried out.

[To be continued.]

ON UTERINE HÆMORRHAGE.

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It is admitted on all hands that uterine hæmorrhage is accompanied by the most trying circumstances which are incident to professional life, and as these are often requiring the most prompt and determined assistance, as well as the nicest discrimination in the appropriation of remedies, it cannot be out of place frequently to review any of the great principles involved. I shall avail myself of the narration of two recent cases, in order to append some remarks upon these principles.

I was consulted on the 12th of April last by a lady in the sixth month of pregnancy, for an attack of uterine hæmorrhage. She had been much alarmed the previous day in consequence of the pony she was driving running away, and kicking; and an appearance of discharge, which she had previously noticed in a slight degree, became aggravated, and continued. At my visit the hæmorrhage was not great; there were no urgent symptoms, and I trusted that the effect of alarm might pass away with the cause which had occasioned it, with rest of body and quietness of mind. The principles to be acted upon here were to soothe and quiet the nervous system, to keep the patient in a recumbent position on a horse-hair mattress, to supply light and unstimulating nourishment, to preserve the several functions in their normal condition, and to afford such an amount of fresh air as should give the lungs an abundance of oxygen; and should avoid, on the one hand, the stimulation of accumulated caloric, and on the other, the depressing influence of a too rapid abstraction of temperature.

Finding, however, that hæmorrhage did not entirely subside, in a day or two I made a digital examination in order to satisfy myself that the case was not one of placenta prævia, and also to determine upon the probabilities of abortion, or the resumption of gestation. I found the os uteri patulous, its lips swollen and flaccid, but no part of the ovum was engaged within it, and the placenta was not attached over it. Believing that, under such circumstances, abortion was inevitable, I exhibited the secale cornutum, with the view of obtaining its sedative influence generally, and of provoking the uterine fibres to contraction, in order to effect the expulsion of the ovum. Finding, however, no result

from this treatment, in a few days I again examined, but the parts remained in *statu quo*.

My patient was a young lady of highly nervous temperament, and under this constant drain the action of the heart had become exceedingly irritable. During this time cold milk was one of the great means of her support, and her appetite remained unimpaired, so that she took as much as was wished; the symptoms gradually moderated, and the bowels were kept regular, still hæmorrhage was never long absent, and the case became embarrassing, from its protraction, and from the impossibility of adopting any decisive measures for terminating utero-gestation. Next there came the appearance of a blighted ovum, or as nurses call it, a false conception—membranes containing fluid—but no fetus. Pain attended the expulsion of this body, and ceased directly afterwards, but there was no diminution, or gradual cessation of hæmorrhagic action, and no sensible change of the intra-uterine relations. In this way my patient went on, with a certain degree of improvement, and occasional attacks of uterine spasm, until the 4th of May, when I was summoned at four A.M. with an urgent message that I would go over and see her directly, as she was "so very ill." On my arrival at her house, five miles from Farnham, I found that the account had not been exaggerated. The bleeding during the night had been terrific, and now her pulse was not to be counted. She complained of inextinguishable thirst, yet everything she swallowed was instantly rejected by vomiting; she was restless in the extreme, tossing about the bed, and retching continually. Hæmorrhage still continued, notwithstanding her *faintness*. Her countenance was white as the sheet, and her delicate hands were shrunk, and bloodless. The only encouraging circumstance she had about her was pain, but this only added to her sense of despondency, and to her conviction that she was dying—a conviction almost participated by myself; nevertheless hope—inextinguishable hope, clung to the manifest pain as to a sheet-anchor, I gave her at once sixty drops of Battley's sedative, with the immediate effect of quieting the sickness, allaying the jactitation, and enabling me to get nourishment and stimuli into the stomach. The actual loss, too, moderated from this time, pain went on, the os uteri became dilated, the membranes gave way, and in a couple of hours a six months' fetus was expelled—still-born, but not having been long dead—the placenta followed shortly. From this time my patient rallied, and in three more hours I was able to leave her, with the comfortable hope that she was safely landed from the present emergency, and that she would recover: in fact her restoration was more rapid than could well have been expected; and although at first she could scarcely raise her head without fainting, and the action of the heart continued feeble, and excessively irritable, yet by great attention and good nursing she was able in a few weeks to leave her home for Ramsgate.

Now, it will be remarked, that in the conduct of this case, no mention is made of plugging the vagina, or of the application of cold vinegar and water; the former was not employed, because there was yet a lingering

hope, that utero gestation might be continued, if that organ were not provoked into uterine contraction—a hope which in all probability, plugging the vagina would have destroyed; and the latter was equally eschewed, because I more than doubt the efficacy of the continual application of cold. I have before me the memorandum of a case of uterine hæmorrhage, which occurred recently in London, in which the patient was subjected during a whole day, to the almost continuous application of a stream of cold water falling upon the pubes, and she died. Now, I am not at all suggesting, that she died *because* of the treatment; but submit that the depressing influence of cold and wet continuously, has a tendency to augment the exhaustion already occasioned by the hæmorrhage, and so to extinguish the last remnants of vitality. So in the case above narrated, my conviction is, that if the influence of this cold vinegar and water had been added to the already disastrous effects of hæmorrhage, the power of rallying would have been lost, and the patient would have sunk irretrievably. As it was, the case was with difficulty snatched from the jaws of death; her exhaustion was awful, and it was a fearful question, whether she could live another half hour; and if the powerfully sedative influence of cold, had been added to the other exhausting causes, my firm belief is that the scale, thus trembling in its balance, would have turned against the patient. The stimulating influence of heat is to be avoided unquestionably, so long as hæmorrhagic action with abundant power is going on; but my experience has repeatedly shown, that *this stage passed*, and the depressing influence of the loss of blood having been established, the hæmorrhage is much more readily controlled by the stimulus of *hot napkins*, and of a mustard poultice applied to the hypogastric region, or the scrobiculus cordis, than it is by the *continued agency of cold*. Above all, it is under these circumstances, that opium is the great sheet-anchor of hope,—*the remedy*, which, by soothing the nervous system, and congesting the cerebral vessels, enables the constitution to continue the struggle, supports the *vis vitæ*, and finally lands the patient in safety.

Let it be recollected, that the effects of the *long continued* application of cold and wet, are—first, to deprive the capillary vessels of their blood, to diminish their power of generating caloric, to make the patient wretched and miserable by lying in a pool of cold and wet, to exhaust her nervous sensibility, to depress greatly the powers of life and the consequent efforts of the *vis conservatrix*, and to lead the attendant practitioner astray, as to the amount of hæmorrhage, as well as to the quantity of red particles remaining in the circulating system.

If the blood be driven from the skin, where is it so driven, but to the large uterine veins? If shivering, goose skin, and a feeling of indescribable wretchedness from cold be produced, what compensating agency is set up for all this diminution of vital power? If coldness of the extremities be substituted for a genial warmth, and the blood and nervous excitability be both accumulated about the disturbed organ, what good is the result? If, as is the fact,

sickness and jactitation, and consequently more rapid exhaustion take place, what good is gained—or rather, what rallying points are not voluntarily given up to the destroying agent? It is not a question whether the sudden and temporary application may not be useful, but whether its long-continued agency be desirable. If cold be applied, it is more useful in the earlier stages of uterine hæmorrhage, then to be employed in the shape of a piece of ice introduced into the vagina, or failing ice, a cold lavement at a very low temperature, to be injected into the rectum, may be had recourse to with advantage. If ice be employed, it should not be allowed to remain long in the vagina, or the life of the surrounding tissues may be destroyed. In either case there is a good principle before us, viz., to produce a coagulum, upon the mouths of the bleeding vessels, and so at the least, to gain time for ourselves and our patient.

It is obvious that in these cases of threatened abortion the bleeding proceeds from a partial separation of the placental vessels, and our object should be, not to drive as much blood as we can, through them, but to favour the formation of a clot upon their bleeding mouths, and thus to husband the strength and the resources of the patient.

The question will perhaps be asked,—Why, in the above described case, transfusion was not employed, as the most obvious and direct means of restoring the loss sustained by the patient. The most obvious reply in the instance just recorded, is, that one does not find oneself provided all at once, five miles from home, with the means of effecting transfusion. But on the general principle, *as applicable to all such cases*, I do not recommend transfusion, because we have not a sufficient number of cases of success on record;—because there is no proof that these cases as recorded, would not have done well without transfusion, if judiciously treated;—because there are dangers consequent upon transfusion, such as inflammation of the vein, the entrance of air into the veins, the uncertainty as to the quantity required;—and because, in the course of forty years practice, I have never known but one case of uterine hæmorrhage, which did not do well, without transfusion;—and that one was a case of placenta prævia, in which the loss sustained in a most attenuated form, was so great before I saw the patient, that she died almost before the birth of the foetus.

In the course of my life I have witnessed a great number of cases of uterine hæmorrhage; some which have been treated with the application of vinegar and water, or napkins soaked in that fluid, and others without the application of cold at all, beyond what is necessary to keep the patient from being over-heated; and the result is undeniably in favour of the latter plan of treatment. The cold lavement, if exhibited in the shape of a quarter of a pint of ice-cold water, with from forty to sixty minims of tincture of opium, will be found to produce a very beneficial effect in allaying the morbid action, and especially in diminishing uterine spasm. Be it always remembered that peace of mind and the influence of peacefulness and hope should ever be borne upon the *patient's morale*; and such is the reciprocal

influence of body and mind, that this object will be more readily gained when the brain is supported by opium. Independently of medicinal agency, whatever may be the practitioner's own apprehensions—however exhausting to his own powers, when he finds the patient's life trembling in his hands, as a gossamer web, which the next moment may destroy, he is on no account to exhibit his fears, but to remain calm and unmoved, and so to inspire the patient with a confidence to which he is himself a stranger, but which in her own case may prove the very straw which will sustain life's ebbing powers, and save it from extinction. And thus will he obtain the inappreciable reward of being told by his patient—perhaps a young and interesting mother of a family—"Nothing saved my life but my reliance on your cheerful countenance." And is not the practitioner amply repaid for hours of agony by such a reward? To have saved a life by controlling his own feelings! He that conquereth himself obtains a greater victory than he that taketh a city.

Much has lately been written about the advantage of a small hand to an obstetrician, and I relate the following case to exemplify what has oftentimes occurred in my own practice. Many—many times have I been called in *to turn*, because the attendant parties had failed, and they had determined to avail themselves of the advantage of "Newnham's small hand."

On the 8th instant I was called upon by a very intelligent and valuable neighbour, to ask my advice on a case in which the placenta was retained in utero, but he could not tell whether it was adherent or not, because there was such an amount of spasmodic contraction of the os uteri, that after many efforts he could not succeed in introducing his hand. The fœtus had been born at six A.M., and it was now two P.M. I suggested giving the patient a full dose of opium, and when she had decidedly become under its influence, to try again the required manipulation. I then promised to call at five in the afternoon, which I did, and found him still in the same difficulty, with the impossibility of getting his hand into the uterus. Happily the hæmorrhage had not been great. At his request to try, if I could succeed better, I introduced my hand, without much difficulty, and found the placenta almost universally, and very intimately adherent. The very reason why there had not been more hæmorrhage, was because the placental vessels had not been partially detached. I could not, with any reasonable effort, succeed in detaching the placenta entire from the uterine parietes, and I was compelled to be contented with successively removing by far the larger portion, (though piecemeal,) in proportion as I could separate its adhesions, the remaining portion was then left to the care of nature, and up to this time (June 25th) she has not had a bad symptom, and is down stairs and attending to her household matters. The case needs no comment; one such fact is sufficient to show, that there is a great and decided advantage in the gift of a small hand.*

June 27, 1851.

* This patient's recovery has been perfect.—Sept. 12th, 1851.

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THERE can be no hesitation now, on the part of the profession, as to what its conduct should be towards those recreant members who have deserted the paths of scientific medicine for the crooked bye-ways of fashionable quackery. Henceforth, our watchword must be—"Those who are not for us are against us;" and they must with one consent be treated with the ignominy which is the just due of traitors. Some time may elapse before the effects of the late grand demonstration, which has made our nineteenth Anniversary memorable beyond all precedent, shall be fully developed, but we feel as confident as we can do of anything yet in the womb of time, that those who come after us, will have reason to point to the Provincial Medical and Surgical Association as the engine which will have mainly contributed to disperse the Stygian emanations which now cloud the medical horizon. Quackery must from this time stand alone revealed in all its native deformity; its defects can no longer be hidden under the garb of legitimate practice.

We can well conceive that the proceedings at Brighton have created no slight sensation, not only in the hostile camp itself, but also amid those double-dealing individuals, who are playing the difficult game of keeping in with honest practitioners, while they are at the same time secretly abetting the homœopathic impostures. For the consternation of such we have no pity; whether they be found in the precincts of Royalty or in the humbler sphere of union practice, we would urge their expulsion from our ranks, as a foul blot on the honour of the Association.

It would be premature to discuss the probable decision of the Committee appointed to consider the conduct of the Association in reference to any of its members, who may directly or indirectly countenance irregular practice, but the names of the gentlemen so appointed may be taken as a guarantee that a measure of so much importance to the honour of the profession will be carried out with judgment, but at the same time with unflinching integrity. Membership of this great Association will be made a warrant for professional probity. We most earnestly